

C-1
TDU.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	James B. Murphy		COURT CASE NUMBER	D:20-4319-SAL-P.J.G.	
DEFENDANT	MIKE HUNT, Aiken Co. Sheriff		TYPE OF PROCESS	SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
	435 WIRE ROAD Aiken, SC 29801				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	2021 MAY -6 PM 1:10	
James B. Murphy #137361 435 WIRE Rd Aiken, South Carolina 29801			Number of parties to be served in this case	COLUMBIA, SC	
			Check for service on U.S.A.		

RECEIVED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
James B. Murphy			3/6/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk J. Darby	Date 6/15/21
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

X H. Bradley

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abodeDate
6-16-21 Time
1:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee (2) hrs 130.00	Total Mileage Charges including endeavors) (106) miles 59.36	Forwarding Fee Ø	Total Charges 189.36	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 139.86
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REMARKS: 6/15/21 Forward to DUSM Tolliver for P/S.

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

C-4
94U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	James B. Murphy		COURT CASE NUMBER	0:20-4519-SAL-PJG
DEFENDANT	CPL. HARRIS # 10845		TYPE OF PROCESS	Summons
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN CPL. HARRIS # 10845 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 435 WIRE Rd. Aiken South Carolina 29801			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	2021 MAY -6 PM 1:10 RECEIVED COLUMBIA, SC
James B. Murphy # 137361 435 WIRE Rd Aiken, South Carolina 29801			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Aiken Co. SAIL
3-5-3-31- WORKS FROM 7:00 P.M TO 7:00 AM

Signature of Attorney other Originator requesting service on behalf of: James B. Murphy ☒ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER DATE 3/6/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date 6/15/21
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I hereby certify and return that ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (If not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only if different than shown above)

Date 6-16-21 Time 1:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee (27) 130.00	Total Mileage Charges (including endeavors) (106) miles 59.36	Forwarding Fee 0	Total Charges 189.36	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 189.36
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REMARKS: 6/15/21 Forward to DUSM Tolliver for P/S

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

C-57D

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	James B. Murphy		COURT CASE NUMBER	D:20-4519-SAL-PJG	
DEFENDANT	Dr. Williams		TYPE OF PROCESS	SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
	Dr. Williams. Contract Dr. for SHP/ AKW-Co Inc				
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
	435 WIRE Rd, Aiken South Carolina 29801				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	2021 MAR -6 PM 1:10	
<div style="border: 1px solid black; padding: 5px;"> James B. MURPHY #137361 435 WIRE ROAD AIKEN, SOUTH CAROLINA 29801 </div>			Number of parties to be served in this case	COLUMBIA, SC	
			Check for service on U.S.A.		

RECEIVED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Aiken Co. Jail EVERY Thursday 3:00 PM - 7:00 PM Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
James B. Murphy			3/6/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 71	No. 71	J. Dandy	6/15/21

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 6-16-21 Time 1:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Services (273.35)	Total Mileage Charges including endeavors (106) miles 59.36	Forwarding Fee	Total Charges 189.36	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 189.36
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REMARKS: 2021 JUN 23 PM 4:10 USDC COLUMBIA, SC
6/15/21 Forward to USM Tolliver for P/S

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

C-6
2DU.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	James B. Murphy		COURT CASE NUMBER	0.20-4519-SAL-P/6	
DEFENDANT	LT. BRADLEY #10844		TYPE OF PROCESS	SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN				
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
	435 WIDE Rd. Aiken, South Carolina 29801				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285		RECEIVED 2021 MAY 16 PM 1:10 UNITED STATES MARSHALS SERVICE COLUMBIA, SC
James B. Murphy #137361 435 WIDE Rd. Aiken, South Carolina 29801			Number of parties to be served in this case		
			Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Aiken Co. Jail 3-5 21 - 3-31-21 7:00 P.M. - 7:00 A.M. Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
James B. Murphy			3/6-21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 71	No. 71	Starkley	6/15/21

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

X Lt. Bradley

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 6-16-21 Time 1:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee (2)	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
130.00	59.36	0	189.36		189.36

REMARKS: 6/15/21 Forward to DUSM Tolliver for P/S

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

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7DU.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	JAMES B. MURPHY	COURT CASE NUMBER	0:20-4519-SAL-PJG
DEFENDANT	SARA LEBETTEL	TYPE OF PROCESS	SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	SARA LEBETTEL LPA Aiken Medical 435 WIDE ROAD, AIKEN, South Carolina 29801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	RECEIVED 2021 MAY -6 PM 1:10 U.S. MARSHALS COLUMBIA, SC
JAMES B. MURPHY #137361 435 WIDE ROAD AIKEN, South Carolina 29801	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

She WORKS 7:00 P.M. - 4:00 A.M.
AIKEN Co. Jail Medical Dept

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
JAMES B. MURPHY			3/6/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 71	No. 71	[Signature]	6/15/21

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature]

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only if different than shown above)

Date 6-16-21 Time 1:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
(2) hrs 130.00	2021 106 miles 59.36	0	189.36		189.36

REMARKS: 6/15/21 Forward to DUSM Tolliver for P/s

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

C-8
90U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	James B. Murphy # 137361		COURT CASE NUMBER	D:20-4519-SAL-PJG	
DEPENDANT	Food Service NAME UNKNOWN AT Acsc		TYPE OF PROCESS	SUMMONS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN UNKNOWN NAME Food Service COMPANY Acsc Kitchen ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 435 WIRE RD Aiken, South Carolina 29801				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	2021 MAY -6 PM 1:10 COLUMBIA, SC	
JAMES B. MURPHY # 137361 435 WIRE RD Aiken, South Carolina 29801			Number of parties to be served in this case	RECEIVED	
			Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

SOME SUPERVISOR IS HERE FROM 4:00 AM - TO 7:PM
 7 DAYS A WEEK IN ACSC KITCHEN
 REFUSES TO PROVIDE NAME OF COMPANY TO PLAINTIFF

Fold

Signature of Attorney other Originator requesting service on behalf of: James B. Murphy ☒ PLAINTIFF ☐ DEFENDANT
 TELEPHONE NUMBER N/A DATE 3/6/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>71</u>	District to Serve No. <u>71</u>	Signature of Authorized USM Deputy or Clerk <u>Darby</u>	Date <u>6/15/21</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

X Lt. Brad☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (Complete only different than shown above)

Date <u>6-16-21</u>	Time <u>1:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

Darby

Service Fee (2) <u>130.00</u>	Total Mileage Charges (including endeavors) <u>(106) miles</u> <u>59.36</u>	Forwarding Fee <u>0</u>	Total Charges <u>189.36</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>189.36</u>
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REMARKS: 6/15/21 Forward to DUSM Tolliver for P/S

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

C-9
TDU.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	James B. Murphy		COURT CASE NUMBER	0:20-4519-SAL-PJG
DEFENDANT	K. PUGH LPA SHP CONTRACTED		TYPE OF PROCESS	SUMMONS
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN K. PUGH LPA SHP CONTRACTED			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 435 WIRE Rd, Aiken, South Carolina 29801			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			Number of process to be served with this Form 285	RECEIVED 2021 MAY -6 PM 1:10 COLUMBIA, SC
James B. Murphy # 137361 435 WIRE Rd Aiken, South Carolina 29801			Number of parties to be served in this case	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

HIDE HEADQUARTERS ADDRESS
2030 HAMELTON PL Blvd
CHATTANOOGA, TN 37421AT ACDC 7:00 AM - 9: PM.
435 WIRE Rd
Aiken, SC 29801

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

3/6/21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 6/15/21
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (If not shown above)

X [Signature] Braden

Address (Complete only if different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abodeDate
6-16-21Time
1:00☐ am
☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee (27) \$ 130.00	Total Mileage Charges (including endeavors) (106) miles 59.36	Forwarding Fee 0	Total Charges 189.36	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) 189.36
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REMARKS: 6/15/21 Forward to DUSM Tolliver for P/S

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80